

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013371

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317  
FILED APR 12 1962

Primary Registration District No.

541

Registrar's No.

1004

VS 300  
Rev. 4/59

1400 2

2 21

3

4 2

5 1

6

7 1

8 1

9442X

10

11

12/5-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN St. Louis County, CLAYTON 5 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

St. Louis County Hosp

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

St. Louis

d. STREET ADDRESS

(If outside, give location)

3966 Cote Brillante

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First WILLIAM

Middle

Last ALLEN

4. DATE OF DEATH

Month

Day

Year

March 26, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Aug 27 1896

## 9. AGE (last birthday)

65

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Man

## 10b. KIND OF BUSINESS OR INDUSTRY

Private Family

## 11. BIRTHPLACE (City and state or country)

Cenotolse, Miss.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Joe Bug Allen

## 13b. MOTHER'S MAIDEN NAME

Keanler ?

## 14. NAME OF HUSBAND OR WIFE

Mattie Allen

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

Address

Mattie Allen 3966 Cote Brillante

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Uremia

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

arteriosclerosis

## DUE TO (c)

Arteriosclerotic cardiovascular Renal Disease

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertensive cardiovascular disease

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

3-15-62

to

3-26-62

and last saw her alive on

3-26-62

Death occurred at

12:15

a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

601 S. Brentwood Bl., Clayton

## 22c. DATE SIGNED

3/26/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

30 Mar. 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Shipped

## 23d. LOCATION (City, town, or county)

Senotatic, Mississippi

## 24. FUNERAL DIRECTOR

ADDRESS

1221 North Grand Blvd.

## 25. DATE RECD. BY LOCAL REG.

3-27-62

## 26. REGISTRAR'S SIGNATURE

John E. Munfley M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Oliver E Cramble, Student Embalmer No. 642

working under my personal supervision.

Student Oliver E Cramble  
Signature of Student Embalmer

Signed Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 1221 N Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.